

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH THE INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Winfield Housing Authority

PHA Number: AL058

PHA Fiscal Year Beginning:(mm/yyyy) 01/01/2002

PHA Plan Contact Information:

Name: Robbie W Webster

Phone: (205) 487 -2400

TDD: (205) 487 -2768

Email (if available): winhous@pepperlink.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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| <input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review | |
| <input checked="" type="checkbox"/> Attachment __: Capital Fund Program Annual Statement (al05850102.v1) | |
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| <input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan | |
| <input checked="" type="checkbox"/> Attachment_B_: Resident Membership on PHA Board or Governing Body | |
| <input checked="" type="checkbox"/> Attachment_C_: Membership of Resident Advisory Board or Boards | |
| <input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) | |
| <input checked="" type="checkbox"/> Other (List below, providing each attachment name) | |
| 1999 CIAP al0589051999.v1 | |
| 2000 CFP al0585012000.v1 | |
| 2001 CFP al0585012001.v1 | |

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Housing Authority of Winfield has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Housing Authority of Winfield:

The mission of the Housing Authority of Winfield is to promote adequate affordable housing, economic opportunity, and a suitable living environment for the families we serve, without discrimination.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

1999 - Revise to utilize excess funds due to cost savings in relocation cost.
2000 - \$2,000 of estimated administrative funds to correct A&E and construction change order.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 289,408

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment
(al05850102.v1)

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment (al05850102.v1)

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) |
|---|
| 1a. Development name: |
| 1b. Development (project) number: |
| 2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) |
| 5. Number of units affected: |
| 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below) |
| 8. Timeline for activity: a. Actual or projected start date of activity: |

- b. Actual or projected start date of relocation activities:
c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program in the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal _____ year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: STATE OF ALABAMA
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions

and commitments: (describe below) **.The Housing Authority of Winfield has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements that these requirements support the Consolidated Plan of Alabama.**

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial Deviation Policy

Policy defining a substantial deviation and change in the agency plan

The Housing Quality and Work Responsibility Act of 1998 requires the Housing Authority to notify the Resident Advisory Board, Board of Commissioners and the US Department of Housing and Urban Development of any "substantial deviation" or "significant amendment"

Substantial Deviation Policy

Policy defining a substantial deviation and change in the agency plan

Winfield Housing Authority will consider the following actions to be significant amendments or modifications: Change to rent or admission policies or organization of the waiting list. Addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under Capital Fund. Addition of new activities not included in the current PHDEP Plan. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements, such changes will not be considered significant amendments by HUD.

B. Significant Amendment or Modification to the Annual Plan:

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certification of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board -approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| | Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| X | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| N/A | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| N/A | Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| X | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| N/A | Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| X | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| N/A | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| N/A | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA). | Annual Plan: Capital Needs |
| N/A | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| N/A | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| N/A | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |
| N/A | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |

| List of Supporting Documents Available for Review | | |
|--|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| N/A | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| N/A | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| N/A | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| N/A | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| N/A | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |
| N/A | PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Pet Policy |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| N/A | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |

Required Attachment __B__: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☒ Other (explain): **A resident will be appointed to the next appointment position available.**

B. Date of next term expiration of a governing board member: October 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): William R. West, Mayor

Required Attachment C: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Doris Neal: Single Adult
Donna Keebler: Middle Aged Disabled
Billie Norris: Elderly Disabled

OTHER ATTACHMENTS

(6) Deconcentration and Income Mixing Component 3, (6) Deconcentration and Income Mixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☒ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

| Deconcentration Policy for Covered Developments | | | |
|---|-----------------|---|--|
| Development Name : | Number of Units | Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] | Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] |
| 58-1 HIGHLAND COURTS | 32 | All Incomes Below 85% | See Attached Policy |
| 58-3 WESTWOOD HEIGHTS | 45 | All Incomes Below 85% | See Attached Policy |
| 58-4 WESTWOOD HEIGHTS | 70 | All Incomes Below 85% | See Attached Policy |
| | | | |

Deconcentration Rule for Public Housing

- Objective: The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than

40% of its public housing inventory with families that have below 30% of the area median income by public housing development. Also the housing authority will take action to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority does not concentrate families with higher income levels, it is the goal of the housing authority not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authorities computer system.

2. Actions: To accomplish deconcentration goals, the housing authority will take the following action: At the beginning of each housing authority fiscal year, the housing authority will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous housing authority fiscal year.
 3. To Accomplish the goals of:
 - a. Housing not less than 40% of its public housing inventory on an annual basis with families that have incomes at or below 30% of area median, and
- No housing families with incomes that exceed 30% of the area median income in development with incomes that exceed 30% of the area median income. The housing authority's Tenant Selection and Assignment Plan, which is a part of this policy, provides for skipping families on the waiting list to accomplish these goals.

Voluntary Conversion of Public Housing Development Analysis Required Initial Assessment

HOUSING AUTHORITY OF: _____ **WINFIELD, ALABAMA** _____

Determination of requirement for initial assessment:

This assessment must be completed once for each the authority's developments, unless the development falls under one of the four following categories:

1. The development has already been determined to be subject to mandatory conversion under 24 CFR part 971;
2. The development is the subject of an application for demolition or disposition that has not been disapproved by HUD;
3. The development has been awarded a HOPE VI revitalization grant; or
4. The development is designated for occupancy by the elderly and/or persons with disabilities (i.e., is not a general occupancy development).

Please complete this table for all developments of your PHA to determine if an initial assessment is required.

**If any question is answered yes, development is exempt from the voluntary conversion requirements.*

| <i>DEV. NUMBER</i> | <i>DEVELOPMENT NAME</i> | <i>*IS THE DEV. SUBJECT TO MANDATORY CONVERSION?</i> | <i>*ISA DEMOLITION APPLICATION PENDING?</i> | <i>*IS THE DEV. DESIGNATED ELDERLY/ DISABLED?</i> | <i>*DEV. HAS HOPEVI APPROVED?</i> | <i>IS DEV. EXEMPT?</i> |
|--------------------|-------------------------|--|---|---|-----------------------------------|------------------------|
| 58-1 | HIGHLAND COURTS | NO | NO | NO | NO | NO |
| 58-3 | WESTWOOD HEIGHTS | NO | NO | NO | NO | NO |
| 58-4 | WESTWOOD HEIGHTS | NO | NO | NO | NO | NO |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Complete an individual development analysis for each development not exempt.

INDIVIDUAL DEVELOPMENT ANALYSIS

**Voluntary Conversion of Public Housing Development Analysis
Required Initial Assessment**

DEVELOPMENT NUMBER AL09P _____ 58 -1 _____

As required by 24 CFR Part 972 – Complete each section to determine if Conversion of Public Housing to Tenant -Based Assistance, may be appropriate:

Necessary conditions for voluntary conversion:

- Will not be more expensive than continuing to operate the development (or portion of it) as public housing;
- Will principally benefit the residents of the public housing development to be converted and the community; and
- Will not adversely affect the availability of affordable housing in the community.

1. Is the cost of conversion more expensive than continuing to operate the development as a public housing community? Use most recent financial (year _____ -end) statements for public housing and Section 8.

a. Public Housing Line 520, HUD 52599:

(PUM) __226.96__

b. Section 8 HUD 52681, Line 30_168,157 divided

by Line 11: 734__=

avg. unit cost 229.10__

c. Is Line 1b higher? Yes__X__No__ _

If line c is yes, Section 8 is more expensive to operate and is not appropriate for conversion and you do not have to complete sections 2 or 3.

2. Would the conversion of this public housing development principally benefit the residents of this development and the community? YES__
NO__

a. Would the conversion adversely affect the availability of affordable housing in the community? Yes__ No__

Comments:

b. Would the conversion provide the development residents with better housing choices? Yes__
No__

Comments:

c. Would the conversion help to de-concentrate low-income families in the community? Yes__ No__

Comments:

d. Could other sources of housing be developed in connection with the conversion of this development to benefit residents? Yes__ No__

Comments:

If line 2 is no, this development is not appropriate for conversion and you do not go to Number 3.

3. Would the conversion of this public housing development affect the availability of affordable housing stock in the area? YES__ NO__

Comments:

If line 3 is no, this development is not appropriate for conversion.

We have determined that conversion is:

____ Appropriate because conversion of the development would meet the necessary conditions for voluntary conversion.

__X__ Inappropriate because conversion of the development would not meet the necessary conditions for voluntary conversion.

Signature of Executive Director

Date

Voluntary Conversion of Public Housing Development Analysis Required Initial Assessment

DEVELOPMENT NUMBER **AL09P** _____ **58 -3** _____

As required by 24 CFR Part 972 – Complete each section to determine if Conversion of Public Housing to Tenant -Based Assistance, may be appropriate:

| Necessary conditions for voluntary conversion: |
|--|
| <ul style="list-style-type: none"> Will not be more expensive than continuing to operate the development (or portion of it) as public housing; Will principally benefit the residents of the public housing development to be converted and the community; and Will not adversely affect the availability of affordable housing in the community. |

2. Is the cost of conversion more expensive than continuing to operate the development as a public housing community? Use most recent financial (year -end) statements for public housing and Section 8.

a. Public Housing Line 520, HUD 52599: (PUM) __226.96__

b. Section 8 HUD 52681, Line 30_168, 157 divided
by Line 11: __734__ = avg. unit cost __229.10__

c. Is Line 1b higher? Yes __X__ No ____

If line c is yes, Section 8 is more expensive to operate and is not appropriate for conversion and you do not have to complete sections 2 or 3.

2. Would the conversion of this public housing development principally benefit the residents of this development and the community? YES ____
NO ____

a. Would the conversion adversely affect the availability of affordable housing in the community? Yes ____ No ____

Comments:

| |
|--|
| |
|--|

b. Would the conversion provide the development residents with better housing choices? Yes ____
No ____

Comments:

| |
|--|
| |
|--|

d. Would the conversion help to de-concentrate low-income families in the community? Yes ____ No ____

Comments:

d. Could other sources of housing be developed in connection with the conversion of this development to benefit residents? Yes ____ No ____

Comments:

If line 2 is no, this development is not appropriate for conversion and you do not go to Number 3.

3. Would the conversion of this public housing development affect the availability of affordable housing stock in the area? YES ____ NO ____

Comments:

If line 3 is no, this development is not appropriate for conversion.

We have determined that conversion is:

____ Appropriate because conversion of the development would meet the necessary conditions for voluntary conversion.

__X__ Inappropriate because conversion of the development would not meet the necessary conditions for voluntary conversion.

Signature of Executive Director

Date

Voluntary Conversion of Public Housing Development Analysis Required Initial Assessment

DEVELOPMENT NUMBER AL09P ____ 58 -4 ____

As required by 24 CFR Part 972 – Complete each section to determine if Conversion of Public Housing to Tenant-Based Assistance, may be appropriate:

| Necessary conditions for voluntary conversion: |
|--|
| <ul style="list-style-type: none"> Will not be more expensive than continuing to operate the development (or portion of it) as public housing; Will principally benefit the residents of the public housing development to be converted and the community; and |

- Will not adversely affect the availability of affordable housing in the community.

3. Is the cost of conversion more expensive than continuing to operate the development as a public housing community? Use most recent financial (year -end) statements for public housing and Section 8.

a. Public Housing Line 520, HUD 52599: (PUM) 226.96

b. Section 8 HUD 52681, Line 30_168, 157 divided by Line 11: 734 = avg. unit cost 229.10

c. Is Line 1b higher? Yes X No

If line c is yes, Section 8 is more expensive to operate and is not appropriate for conversion and you do not have to complete sections 2 or 3.

2. Would the conversion of this public housing development principally benefit the resident of this development and the community? YES
NO

a. Would the conversion adversely affect the availability of affordable housing in the community? Yes No

Comments:

b. Would the conversion provide the development residents with better housing choices? Yes
No

Comments:

e. Would the conversion help to de-concentrate low-income families in the community? Yes No

Comments:

d. Could other sources of housing be developed in connection with the conversion of this development to benefit residents? Yes No

Comments:

If line 2 is no, this development is not appropriate for conversion and you do not go to Number 3.

3. Would the conversion of this public housing development affect the availability of affordable housing stock in the area? YES NO

Comments:

If line 3 is no, this development is not appropriate for conversion.

We have determined that conversion is:

_____ *Appropriate because conversion of the development would meet the necessary conditions for voluntary conversion.*

 X *Inappropriate because conversion of the development would not meet the necessary conditions for voluntary conversion.*

Signature of Executive Director

Date

CAPITAL FUND PROGRAM TABLES START HERE

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|---|---------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05850102 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non - CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 3,503 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 18,750 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 262,355 | | | |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Non dwelling Structures | | | | |
| 13 | 1475 Non dwelling Equipme nt | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | 4,800 | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1502 Contingency | | | | |

| | | | | | |
|--|---|--|--|--------------------------|-------------------------------------|
| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05850102 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | | | | |
| | Amount of Annual Grant: (sum of lines.....) | 289,408 | | | |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | 55,600 | | | |
| | Collateralization Expenses or Debt Service | | | | |
| | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | | |
|---|---|--|--|----------|----------------------|---------|---------------------------|--|----------------|
| PHAName: Winfield Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: AL09P05850102 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | | ORIGINAL | REVISED | | | |
| HAWide | Administration Additional accounting and miscellaneous expenses | | 1410 | LS | 3,503 | | | | |
| | | | | | | | | | |
| HAWide | Fees and Cost Employ A/E firm for drawings, specs, and inspections | | 1430 | LS | 18,750 | | | | |
| | | | | | | | | | |
| AL58 -01 | Dwelling Structures | | 1460 | | | | | | |
| | a. Demolition | | | 8DU | 15,705 | | | | |
| | b. Install pre-finished paneling and trim | | | " | 27,100 | | | | |
| | c. Install new interior doors and trim | | | " | 13,300 | | | | |
| | d. Install new primed doors and storm doors | | | " | 9,700 | | | | |
| | e. New kitchen cabinets | | | " | 29,700 | | | | |
| | f. New central HVAC systems | | | " | 55,600 | | | | |
| | g. Update electrical | | | " | 47,800 | | | | |
| | h. Rework plumbing with new fixtures and trim | | | " | 47,800 | | | | |
| | i. New flooring | | | " | 15,650 | | | | |
| | | | | | | | | | |

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:Su pportingPages

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CapitalF undProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PHAName: WinfieldHousingAuthority

FederalFYofGrant: 2002CapitalFundProgramTablesPage 5

Capital Fund Program Five - Year Action Plan

Part I: Summary

| PHANameWinfieldHousing Authority | | <input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No: | | | |
|--|---------------------|---|---|--|---|
| Development Number/Name/HA- Wide | Year1 | WorkStatementforYear2 FFYGrant:501 -03 PHAFY:2003 | WorkStatementforYear3 FFYGrant:501 -04 PHAFY:2004 | WorkStatementforYear4 FFYGrant:501 -05 PHAFY:2005 | WorkStatementforYear5 FFYGrant:501 -06 PHAFY:2006 |
| AL58 -1 | Annual Statement | Convert8DUWorktoincludenew woodpaneling&Trim,repair&paint ceilings,newexteriordoors& hardware,newinteriordoors& hardware,newstormdoors,new dryervents,newrangehoods,rework plumbingandreplacefixtures&trim, newwaterheaters,updateelectrical system,relocationcost.Includedare Architect'sandAdministrativefees andcosts. | Convert8DU Worktoincludenew woodpaneling&Trim,repair&paint ceilings,newexteriordoors& hardware,newinteriordoors& hardware,newstormdoors,new dryervents,newrangehoods,rework plumbingandreplacefixtures&trim, newwaterheaters,updateelec trical system,relocationcost.Includedare Architect'sandAdministrativefees andcosts. | Convert8DUWorkto includenewwoodpaneling &Trim,repair&paint ceilings,newexteriordoors &hardware,newinterior doors&hardware,new stormdoors,newd ryer vents,newrangehoods, reworkplumbingand replacefixtures&trim,new waterheaters,update electricalsystem,relocation cost.Includedare Architect'sand Administrativefeesand costs. | |
| PHAWide | | | | | Repairlawns,replace sidewalks,installapa dand oilseparatoratthe maintenanceshop,install watermetersandcutoffs, replacewindows.Included areArchitect'sand Administrationfeesand costs. |
| | | | | | |
| | | | | | |

| | | | | | |
|---|--|---------|---------|---------|---------|
| | | | | | |
| TotalCFPFunds (Est.) | | 289,408 | 289,408 | 289,408 | 289,408 |
| TotalR eplacement HousingFactorFunds | | | | | |
| | | | | | |
| | | | | | |

CAPITAL FUND PROGRAM TABLES START HERE

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
|---|---|--|---------|-------------------|-------------------------------------|
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05850101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non - CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 3,450 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 18,750 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 77,608 | | | |
| 10 | 1460 Dwelling Structures | 189,600 | | | |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Non dwelling Structures | | | | |
| 13 | 1475 Non dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1502 Contingency | | | | |

| | | | | | |
|---|---|--|--|--------------------------|-------------------------------------|
| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05850101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | | | | |
| | Amount of Annual Grant: (sum of lines.....) | 289,408 | | | |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | 26,450 | | | |
| | Collateralization Expenses or Debt Service | | | | |
| | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | | |
|---|--|--|--|----------|----------------------|---------|---------------------------|--|----------------|
| PHAName: Winfield Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: AL09P05850101 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2001 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | | ORIGINAL | REVISED | | | |
| HA Wide | Administration Additional Accounting and Misc. Expenses | | 1410 | 1LS | 3,450 | | | | |
| HA Wide | Fees and Cost Employ A/E Firm for Drawings, Specs. And Inspections. | | 1430 | 1LS | 18,750 | | | | |
| AL58 -03 | Site Improvements a) Replace Gas Meters and Regulators – 46 @ \$575.00 | | 1450 | 64ea | 26,450 | | | | |
| | b) Remove and Replace Settled Sidewalks at Manhole Covers – 3ea, @ \$1,250.00 | | | 3ea | 3,750 | | | | |
| AL58 -04 | c) Landscaping a) Grade Work at Building to Improve Water Flow – 1ea. @ \$7,500.00 | | | 1LS | 39,908 | | | | |
| | | | | 1ea | 7,500 | | | | |
| AL58 -03 | Dwelling Structures Remove Existing and Install New 25 Year Asphalt Shingles – 48DU @ \$3,3950.00 | | | 48DU | 189,600 | | | | |
| | | | | | | | | | |
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Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

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Annual Statement/Performance and Evaluation Report

CapitalFund ProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

Part III: Implementation Schedule

[illegible]

CAPITAL FUND PROGRAM TABLES START HERE

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|---|---------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05890599 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) 1 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non - CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 2,500 | 4,500 | 4,500 | 4,000 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 16,500 | 16,500 | 16,500 | 14,388 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | 21,527 | 21,527 | |
| 10 | 1460 Dwelling Structures | 222,716 | 215,589 | 215,589 | 215,589 |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | 16,000 | 16,000 | |
| 12 | 1470 Non dwelling Structures | | | | |
| 13 | 1475 Non dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | 32,000 | 0 | 0 | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1502 Contingency | | | | |

| | | | | | |
|--|---|--|---------|--------------------------|--|
| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PH Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05890599 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) 1 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | | | | |
| | Amount of Annual Grant: (sum of lines.....) | 274,116 | 274,116 | 274,116 | 233,977 |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | 22,875 | 22,875 | 22,875 | |
| | Collateralization Expenses or Debt Service | | | | |
| | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

CAPITAL FUND PROGRAM TABLES START HERE

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|---|---------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05850100 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) 1 | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non - CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 4,266 | 2,266 | 2,266 | 2,266 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 16,500 | 17,050 | 17,050 | 17,050 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 22,875 | 22,875 | 22,875 | 22,875 |
| 10 | 1460 Dwelling Structures | 240,000 | 241,450 | 241,450 | 241,450 |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Non dwelling Structures | | | | |
| 13 | 1475 Non dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1502 Contingency | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
|--|---|--|---------|-------------------|-------------------------------------|
| PHA Name: Winfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AL09P05850100 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) 1 | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | Amount of Annual Grant: (sum of lines.....) | 283,641 | 283,641 | 283,641 | 283,641 |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security --Soft Costs | | | | |
| | Amount of Line XX related to Security --Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | 22,875 | 22,875 | 22,875 | 22,875 |
| | Collateralization Expenses or Debt Service | | | | |
| | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

CapitalFundProgramand CapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PHAName: WinfieldHousingAuthority

CapitalFundProgramNo:AL09P05850100

FederalFYofGrant: 2000[illegible]

